

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025335

FILED JUN 19 1963  
274

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10808

20808

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9466X

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	
Length of stay in 1b <b>18 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>801 East 16th</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>F.</b> Last <b>TREECE</b>		4. DATE OF DEATH Month <b>June</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/6/91</b>
9. AGE (last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver retired</b>	
11. BIRTHPLACE (City and state or country) <b>Valley City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Treece</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Angel</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Anna Treece</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. INFORMANT <b>Cecil Curtis, Sedalia, Missouri</b>		17. ADDRESS <b>2222 South Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Pulmonary embolism</b> DUE TO (b) <b>Myocardial decompensation</b> DUE TO (c) <b>Phlebothrombosis, rt leg.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pneumonia, left hemiparesis</b> <b>CVA 1961</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>6 weeks</b> <b>1 week</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>4:10</b> a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>5 November 1962</b> to <b>14 June 1963</b> and last saw him alive on <b>13 June 1963</b> Death occurred at <b>4:10 a.m.</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Stanley D. Fisher M.D.</b> (Degree or title)		22b. ADDRESS <b>500 St. 16th Sedalia, Missouri</b>	
22c. DATE SIGNED <b>14 June 63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/15/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>	
24. FUNERAL DIRECTOR <b>Francis H. Anderson</b>		25. DATE RECD. BY LOCAL REG. <b>June 15, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Francis H. Anderson</b>			

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer.

Signed

*P. E. Baker*

Licensed Embalmer No. 2419

P. O. Address

*Sedalia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.